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PTO/SB/08A (10-96) [MODIFIED]
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Statistitute for Form 1449A/PTO				Complete if Known			
				Application Number	10/766,570		
			LOSURE	Filing Date	January 28, 2004		
STATEMENT BY APPLICANT				First Named Inventor	David H. Berry	_	
				Group Art Unit	Unknown	_	
	(use as many	sheets as ne	cessary)	Examiner Name	Unknown		
Sheet	1	of	1	Attorney Docket Number	BERY 0101 PUS	_	

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Signature	IA	1	MN PICH	as co	Considered	5-2005
*EXAMINER:	Initial if re	ere	nce considered, wheth	er or not o	citation is in conformance with MPEP 609. Draw	line through citation if not in conformance and not

considered. Include copy of this form with next communication to applicant.

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